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Assignee Name and Address:						
Hoshiko LLC						
1489 W. Warm Springs Rd., Suite 110						
Henderson, Nevada 89014						
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.						
SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee						
Signature	L-CATON				Date 7-9-09	
Name	Tiffany Clayton				Telephone	
Title	Authorized Person for Hoshiko LLC					

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